

# NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

## INTEREST AND DIVIDENDS TAX RETURN

For the CALENDAR year **1994** or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Due Date for CALENDAR year is on or before April 18, 1995 or the 15th day of the 4th month after the close of the fiscal period.

**STEP 1**

Place  
LABEL HERE  
Otherwise  
Please Print  
or Type

|                                  |                      |   |
|----------------------------------|----------------------|---|
| Last Name                        | First Name & Initial | SOCIAL SECURITY NUMBER                                  |
| Spouse's Last Name               | First Name & Initial |   |
| Name of Partnership, Fiduciary   |                      | SPOUSE'S SOCIAL SECURITY NUMBER                         |
| Number and Street                |                      |   |
| City or Town, State and Zip Code |                      | FEDERAL IDENTIFICATION NUMBER (Partnership & Fiduciary) |

**STEP 2**

Entity Type  
and Mailing  
Information

☐ INDIVIDUAL ① ☐ JOINT ① ☐ PARTNERSHIP ③ ☐ FIDUCIARY ④ \_\_\_\_\_ % of NH Ownership

☐ Check here if you wish to receive just a mailing label next year to give to your preparer.

☐ Check here if you would like your forms mailed to a different address other than the above. (See instructions)

Number and Street \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**STEP 3**

Special  
Return Type

☐ INITIAL RETURN: Date established residency \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

☐ FINAL RETURN: Grantor Trust

☐ FINAL RETURN: Date abandoned residency \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

☐ FINAL RETURN: Deceased taxpayer: Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of death \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

☐ AMENDED RETURN Note: DO NOT USE this form to report an IRS adjustment. File FORM RP-87 A.

**STEP 4****COMPLETE PAGE 2 BEFORE COMPUTING TAX****STEP 5**

Figure Your  
Net Taxable  
Income

6. Gross Taxable Income (Line 5, page 2) ..... 6. \_\_\_\_\_

7. Less: \$1,200 Individual, \$2,400 Joint, \$0 Others ..... 7. \_\_\_\_\_

8. Adjusted Taxable Income (Line 6 less line 7) ..... 8. \_\_\_\_\_

**FOR INDIVIDUAL/JOINT FILERS ONLY: IF LINE 8 IS ZERO OR LESS, YOU ARE NOT REQUIRED TO FILE. HOWEVER, TO BE REMOVED FROM OUR MAILING LIST CHECK HERE AND MAIL IN THE RETURN.....** ☐

9. Check the exemptions that apply ☐ Partnership ☐ Fiduciary ☐ Blind ☐ Spouse Blind  
☐ 65 (or over) \_\_\_\_\_ Year of Birth or disabled ☐ Spouse 65 (or over) \_\_\_\_\_ Year of Birth or disabled

Total number of boxes checked \_\_\_\_\_ x \$1,200 = \_\_\_\_\_ 9. \_\_\_\_\_

10. Net Taxable Income (Line 8 less line 9) ..... 10. \_\_\_\_\_

**STEP 6**

Figure Your  
Tax, Credits,  
Interest and  
Penalties

11. New Hampshire Interest and Dividends Tax (Line 10 x 5%) ..... 11. \_\_\_\_\_

12. Payments: (a) Tax paid with Application for Extension ..... 12(a) \_\_\_\_\_  
 (b) Payment from 1994 Declaration of Estimated Tax ... 12(b) \_\_\_\_\_  
 (c) Credit carryover from prior years ..... 12(c) \_\_\_\_\_  
 (d) Paid with original return (Amended returns only) .... 12(d) \_\_\_\_\_

13. Balance of Tax Due (Line 11 less line 12) ..... 13. \_\_\_\_\_

14. Additions to Tax: (a) Interest (See instructions) ..... 14(a) \_\_\_\_\_  
 (b) Failure to Pay (See instructions) ..... 14(b) \_\_\_\_\_  
 (c) Failure to File (See instructions) ..... 14(c) \_\_\_\_\_  
 (d) Underpayment of Estimated Tax (See instructions) 14(d) \_\_\_\_\_

**STEP 7**

Figure Your  
Balance  
Due or  
Overpayment

15. Total Balance Due (Line 13 plus line 14) (Make check payable to: State of New Hampshire) ..... 15. \_\_\_\_\_

16. OVERPAYMENT (Line 12 less line 11 adjusted by line 14, if applicable) ..... 16. \_\_\_\_\_

17. Amount of line 16 to be applied to: (a) your 1995 estimated tax ..... 17(a) \_\_\_\_\_  
 (b) Refund - Please allow 10 weeks for processing ..... 17(b) \_\_\_\_\_

**STEP 8**

Signature

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which he/she has knowledge.

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_ Signature of paid preparer other than taxpayer \_\_\_\_\_

If joint return, BOTH husband and wife must sign, even if only one had income \_\_\_\_\_ Date \_\_\_\_\_ Preparer's Identification Number \_\_\_\_\_ Date \_\_\_\_\_



MAIL TO:

DOCUMENT PROCESSING DIVISION  
P.O. BOX 2072  
CONCORD, NH 03302-2072

Preparer's Address

City or Town, State, and Zip Code

**TAX YEAR 1994**

| SOURCE   | COLUMN 1  |
|--|---|
| LIST ALL PAYERS AND AMOUNTS IN PARTS A, B, C, & D<br>WHETHER TAXABLE BY THE STATE OR NOT | ENTER ALL AMOUNTS<br>AS SHOWN ON YOUR<br>FEDERAL RETURN |
| PART A - INTEREST INCOME - MUST LIST SOURCE/PAYERS (See instructions)                    |   |
|  | \$  |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Total from any supplemental schedule attached  |   |
| 1. TOTALS FOR PART A - INTEREST INCOME   | \$  |

[illegible]

| PART B – DIVIDEND INCOME – MUST LIST SOURCE/PAYERS (See instructions)           |           |   |
|---|-----------|---|
|   | \$        |   |
|   |           |   |
|   |           |   |
|   |           |   |
|   |           |   |
|   |           |   |
|   |           |   |
|   |           |   |
|   |           |   |
| Total from any supplemental schedule attached                                   |           |   |
| LESS LONG/SHORT TERM CAPITAL GAINS/RETURN OF CAPITAL PORTION (See instructions) | (         | ) |
| <b>2. TOTALS FOR PART B – DIVIDEND INCOME</b>                                   | <b>\$</b> |   |

|    |   |
|----|---|
| \$ |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
|    |   |
| (  | ) |
| \$ |   |

| PART C – FEDERAL EXEMPT INTEREST INCOME – MUST LIST SOURCE/PAYERS |           |  |
|---|-----------|--|
|   | \$        |  |
|   |           |  |
|   |           |  |
|   |           |  |
|   |           |  |
| Total from any supplemental schedule attached                     |           |  |
| <b>3. TOTALS FOR PART C – FEDERAL EXEMPT INTEREST INCOME</b>      | <b>\$</b> |  |

|    |  |
|----|--|
| \$ |  |
|    |  |
|    |  |
|    |  |
|    |  |
| \$ |  |

**PART D – OTHER INCOME SUBJECT TO INTEREST AND DIVIDENDS TAX SUCH AS DISTRIBUTIONS FROM S-CORPS, PARTNERSHIPS, FIDUCIARIES, ETC. (See Instructions)**

| ENTITY TYPE | PAYER'S IDENTIFICATION NUMBER | NAME OF PAYER |
|-------------|-------------------------------|---------------|
|             |                               |               |
|             |                               |               |
|             |                               |               |

|    |  |
|----|--|
| \$ |  |
|    |  |
|    |  |

**4. TOTAL FOR PART D – OTHER INCOME SUBJECT TO INTEREST & DIVIDENDS TAX**

**5. TOTAL TAXABLE AMOUNTS FROM COLUMN 2, PARTS A, B, C & D**  
 ENTER THIS AMOUNT ON PAGE 1, LINE 6

|    |  |
|----|--|
| \$ |  |
| \$ |  |